PMGC, University Health Network PMCRT, MaRS Centre 101 College St., 9-601 Toronto, ON, M5G 1L7 P: 416-581-7440



Bioanalyzer 2100 Sample Submission Form

Cost per sample is \$15.00 (CDN)

| Clearly fill in the following information: | |
|---|--|
| Date of submission: | |
| PI Name & Institution: | |
| Billing Address: | |
| | |
| | |
| Phone number: | |
| Email address (where results will be sent): | |
| # Samples for RNA Nano kit (total RNA at 100-200 ng/µl): | |
| # Samples for RNA Pico kit (total RNA at 50-5000 pg/µl): | |
| # Samples for DNA 1000 kit (sizes 25-1000bp; DNA at 0.1-50 ng/µl): | |
| # Samples for High Sensitivity DNA kit (sizes 50-7000 bp; DNA at 5-500 pg/µI): | |
| # Samples for Protein kit (please contact us for more information on details that are required below): | |
| Retain samples after run (Please note that samples will be retained for 1 year from the date of submission) | |
| □ Yes □ No | |
| Please attach a list/spreadsheet detailing sample designations & concentrations. | |
| | |
| Researcher's Signature Date Pocceiver's Initial | |